

DEPARTMENT OF STATE
TENNESSEE OPEN APPOINTMENTS
NOTICE OF NEWLY CREATED OR REACTIVATED AGENCY
(One copy is to be completed on EACH newly created or EACH reactivated agency)

NAME OF BOARD, COMMISSION, COUNCIL, COMMITTEE, AUTHORITY, TASK FORCE, OR AGENCY

DEPARTMENT:

MAILING ADDRESS:

CITY STATE ZIP

AGENCY PHONE NUMBER: () -

TYPE AGENCY: (check one) ☐ Newly created agency ☐ Reactivated agency

STATUTORY AUTHORITY (Specify Tennessee Code Annotated cite which authorizes the existence of this agency):

STATEWIDE JURISDICTION: ☐ YES ☐ NO

AGENCY ORIGATION DATE: YEAR AGENCY EXPIRATION DATE: MONTH DAY YEAR

NO. OF MEMBERS: TERM LENGTH:

APPOINTING AUTHORITY OF MEMBERS:

POWERS AND DUTIES (Summarize in 25 words or less):

MEMBER QUALIFICATIONS (Describe all statutory qualifications members must fulfill, e.g., specific geographic district or state divisions; public or private sector; representative of organizations or professionals; specifications of age, sex, race, etc):

MEETING FREQUENCY (Explain regular meeting schedule, the approximate number of hours per month of meetings, or other activities required of members):

MEMBER COMPENSATION (Check as applicable):

☐ Reimbursed for expenses, specify:

☐ Shall receive \$ (dollar amount) per

☐ No compensation received.

☐ Statute makes no specification.

☐ Other:

(OVER)



CHAIRPERSON:

NAME

ADDRESS

CITYSTATEZIP

PHONE NO: () -

CONTACT PERSON:

NAME

ADDRESS

CITYSTATEZIP

PHONE NO: () -

Pursuant to *Tennessee Code Annotated §10-7-603*, the chair of an existing agency or the appointing authority for the members of a newly created agency shall provide the above listed data on said agencies. *T.C.A. §10-7-605* requires written notification of all vacancies in a newly created or reactivated agency within fifteen (15) days after agency creation or reactivation.

I affirm to and hereby give notification that so indicated agency has been newly created or reactivated. I have submitted notice of vacancy forms in conjunction with this notice.

Signature of Chair or Appointing Authority

DATE: MONTHDAYYEAR

This form was prepared by:

NAME

PHONE NO.

This form submitted on:

MONTHDAYYEAR

Submit completed forms to:

Open Appointments Act
Secretary of State
Division of Publications
312 - 8th Avenue North
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243
(615) 741-2650 Fax (615) 741-5133

ID#:

FORM RECEIVED:

NOTICE OF VACANCY FORMS RECEIVED: